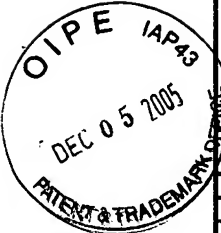


WCLM

PTO/SB/07 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/765,116

Filing Date

1/25/2004

Applicant(s)

Evans, Collin

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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7						
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11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21		1				
22		(3)				
23		3				
24						
25	1					
26		1				
27		1				
28		(3)				
29		3				
30		3				
31		3				
32	1					
33		1				
34		(3)				
35		3				
36		3				
37	1					
38		1				
39		1				
40		(3)				
41		3				
42		3				
43		3				
44		3				
45		3				
46	1					
47		1				
48		1				
49		1				
50		1				
Total Indep	5					
Total Depend		50				
Total Claims	55					

	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57		1				
58		1				
59		(3)				
60		3				
61		3				
62		3				
63	1					
64		1				
65		1				
66	1					
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94						
95						
96						
97						
98						
99						
100						
Total Indep	3					
Total Depend		32				
Total Claims	35					

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